

## CHAPTER 1

### SECTION 3.1

## HOME SERVICES

ISSUE DATE: March 3, 1992

AUTHORITY: [32 CFR 199.4\(c\)\(2\)\(iv\)](#) and [\(e\)\(12\)\(ii\)](#)

---

### I. CPT<sup>1</sup> PROCEDURE CODES

Physician Code Range: 90801, 90802, 90804 - 90815, 90847, 90862, 99341 - 99350

Non-Physician Code Range: 90801, 90802, 90804 - 90815, 90847, 90862, 99341 - 99350, 99500 - 99507, 99511, 99512, 99600 - 99602

NOTE: TRICARE payment for non-physician services is limited to those authorized non-physician providers recognized in [32 CFR 199.6](#).

NOTE: Skilled nursing service (99341-99350) may be reported separately, using the modifier-25, if the patient's condition requires a significant separately identifiable E/M service, beyond the home health service(s)/procedure(s) (99500 - 99539).

### II. DESCRIPTION

Visits provided by an individual professional provider for beneficiaries who are homebound.

### III. POLICY

A. Home visits are covered when provided by an individual professional provider for the diagnosis or treatment of a covered condition for beneficiaries who are homebound or whose condition is such that home visits are indicated.

B. If the patient has been determined to be receiving custodial care, those home visits which are specifically related to the treatment of the custodial care conditions are covered only as follows:

1. When provided by a visiting nurse, such visits may be covered up to one hour per day for skilled nursing care.

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

2. When provided by a physician, may be covered up to twelve (12) visits per calendar year (not to exceed one per month). Note that physician visits, regardless of the place of services, will be limited to this calendar year maximum when the treatment is of the custodial care condition. Physician visits for other than the custodial care condition are not limited to this calendar year maximum.

C. See the TRICARE Reimbursement Manual, [Chapter 1, Section 19](#) for Skilled Nursing Care other than custodial care.

#### IV. EXCLUSIONS

- A. Home visit, sleep studies (CPT<sup>2</sup> procedure code 95806).
- B. Home visit, Day Life Activity (CPT<sup>2</sup> procedure code 99509).
- C. Home visit, sing/m/fam/couns (CPT<sup>2</sup> procedure code 99510).
- D. Home **infusion for Tocolytic Therapy**.

- END -

---

<sup>2</sup> CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.